



# WESTERN VIRGINIA WATER AUTHORITY

## SIGNIFICANT DISCHARGER APPLICATION FOR NONRESIDENTIAL ESTABLISHMENTS DISCHARGING TO THE WVWA

### GENERAL INSTRUCTIONS:

For your best interest, if there is any part of this form that may be deemed proprietary information, please stamp as such so that proper steps will be taken to keep such information proprietary.

Please complete the attached form and return it to the following address:

**Western Virginia Water Authority's  
Water Pollution Control Plant  
1502 Brownlee Ave., SE  
Roanoke, Virginia 24014-2697**

If you should have any questions, please contact the following person:

**Janis M. Richardson**, Pretreatment Coordinator  
Phone numbers B (540) 853-1517 or (540) 537-4351 (cell)

### SIGNATORY REQUIREMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the Possibility of fine and imprisonment for knowing violations. "

-----  
**Name of Authorized Representative**

-----  
**Official Title**

-----  
**Signature**

-----  
**Date**



**I. GENERAL INFORMATION:**

- A. Establishment Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State VA Zip-Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_
- B. Authorized person to represent this establishment in official dealings with the Western Virginia Water Authority's Roanoke Regional Water Pollution Control Plant:  
  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_
- C. Alternate person to contact concerning information herein:  
  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_
- D. Identify the type of business activity conducted (e.g.: auto repair, machine shop, warehousing, electroplating, painting, food processing/packaging, retailing, restaurant, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
- E. Provide a brief narrative description of the manufacturing, production, or service activities provided/conducted by your business establishment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. Proper Federal Standard Industrial Classification Number (s), i.e. SIC Code(s):  
\_\_\_\_\_
- G. This Business Establishment generates the following types of wastes (check all that apply):



# WESTERN VIRGINIA WATER AUTHORITY

		Avg. Gals per Day	Estimated	Measured
1.	<input type="checkbox"/> Domestic wastes (restrooms, employee showers, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> Cooling water, Non-contact		<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/> Boiler/Tower blowdown		<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/> Cooling water, contact		<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/> Process water		<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/> Equipment/Facility washdown		<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/> Air Pollution Control Unit		<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/> Storm water runoff to sewer		<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/> Other:		<input type="checkbox"/>	<input type="checkbox"/>
		Total gallons:		

H. This Business Establishment discharges wastes to (check all that apply):

		Avg. Gals per Day	Estimated	Measured
1.	<input type="checkbox"/> Sanitary Sewer		<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> Storm Sewer		<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/> Surface water		<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/> Ground water		<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/> Waste haulers		<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/> Evaporation		<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
		Total gallons:		

I. Is a Spill Prevention Control Countermeasure Plan prepared for this Business Establishment?

☐ Yes ☐ No

If **yes**, then please enclose a copy of your Spill Prevention Control Countermeasure Plan when returning this form.

## II. Facility Operation Characteristics

A. Total number of employees: \_\_\_\_\_

B. Total number of shifts: \_\_\_\_\_

C. Starting times of each shift: \_\_\_\_\_

1<sup>st</sup> \_\_\_\_\_; 2<sup>nd</sup> \_\_\_\_\_; 3<sup>rd</sup> \_\_\_\_\_; 4<sup>th</sup> \_\_\_\_\_; 5<sup>th</sup> \_\_\_\_\_



**NOTE: The following information must be completed for each product line.**

D. Principal product(s) produced: \_\_\_\_

E. Raw materials and process additives used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Production process is:

☐ Batch

☐ Continuous

☐ Both

If Both, then: \_\_\_\_\_% Batch and \_\_\_\_\_% Continuous

G. Hours of Operation \_\_\_\_\_ to \_\_\_\_\_

H. Is the production of this product line subject to seasonal variation?

☐ Yes

☐ No

If yes, then briefly describe the seasonal production cycle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Are any process changes or expansions planned during the next three years?

☐ Yes

☐ No

If yes, then attach a separate sheet to this form describing the nature of planned changes or expansions

**NOTE: you may wish to stamp this CONFIDENTIAL.**



**III. Wastewater Information:**

A. Does your Business Establishment employ processes in any of the industrial Categories or business activities listed below? Please check:

- |  |  |
|--|--|
| <input type="checkbox"/> Organic Chemicals Plastics, & Synthetic Fiber | <input type="checkbox"/> Grain Mills                                       |
| <input type="checkbox"/> Inorganic Chemicals                           | <input type="checkbox"/> Canned & Preserved Fruits & Vegetables Processing |
| <input type="checkbox"/> Soap & Detergent Manufacturing                | <input type="checkbox"/> Canned & Preserved Seafood Processing             |
| <input type="checkbox"/> Fertilizer Manufacturing                      | <input type="checkbox"/> Sugar Processing                                  |
| <input type="checkbox"/> Petroleum Refining                            | <input type="checkbox"/> Textile Mills                                     |
| <input type="checkbox"/> Iron & Steel Manufacturing                    | <input type="checkbox"/> Cement Manufacturing                              |
| <input type="checkbox"/> Nonferrous Metals Manufacturing               | <input type="checkbox"/> Feedlots  |
| <input type="checkbox"/> Steam Electric Power Generation               | <input type="checkbox"/> Phosphate Manufacturing                           |
| <input type="checkbox"/> Ferroalloy Manufacturing                      | <input type="checkbox"/> Meat Products Processing                          |
| <input type="checkbox"/> Leather Tanning & Finishing                   | <input type="checkbox"/> Coal Mining                                       |
| <input type="checkbox"/> Glass Manufacturing                           | <input type="checkbox"/> Oil & Gas Extraction                              |
| <input type="checkbox"/> Asbestos Manufacturing                        | <input type="checkbox"/> Mineral Mining & Processing                       |
| <input type="checkbox"/> Rubber Manufacturing                          | <input type="checkbox"/> Ore Mining & Dressing                             |
| <input type="checkbox"/> Timber Products Processing                    | <input type="checkbox"/> Paving & Roofing Materials(tars and asphalt)      |
| <input type="checkbox"/> Pulp, Paper, & Paperboard Processing          | <input type="checkbox"/> Gum & Wood Chemicals Manufacturing                |
| <input type="checkbox"/> Builder's Paper & Board Mills                 | <input type="checkbox"/> Pesticide Chemicals                               |
| <input type="checkbox"/> Metal Finishing                               | <input type="checkbox"/> Explosives Manufacturing                          |
| <input type="checkbox"/> Pharmaceutical Manufacturing                  | <input type="checkbox"/> Centralized Waste Treatment                       |
| <input type="checkbox"/> Paint Formulating                             | <input type="checkbox"/> Carbon Black Manufacturing                        |
| <input type="checkbox"/> Ink Formulating                               | <input type="checkbox"/> Landfills   |
| <input type="checkbox"/> Battery Manufacturing                         | <input type="checkbox"/> Photographic                                      |
| <input type="checkbox"/> Metal Molding & Casting                       | <input type="checkbox"/> Transportation Equipment Cleaning                 |
| <input type="checkbox"/> Coil Coating                                  | <input type="checkbox"/> Hospital  |
| <input type="checkbox"/> Porcelain Enameling                           | <input type="checkbox"/> Petroleum Refining                                |
| <input type="checkbox"/> Aluminum                                      | <input type="checkbox"/> Plastics Molding & Forming                        |
| <input type="checkbox"/> Copper Forming                                | <input type="checkbox"/> Waste Combustors                                  |
| <input type="checkbox"/> Electrical & Electronic Components            |  |
| <input type="checkbox"/> Nonferrous Metals Forming                     |  |



B. If there have been analyses performed on the wastewater discharge(s) from your business establishment, then attach a copy of the most recent data/results to this questionnaire. Be sure to include the dates of sampling and analysis, along with descriptive explanation(s) of sampling location(s) (sketches or marked plans will suffice).

**IV. WASTEWATER QUALITY CHARACTERIZATION:**

Indicate by placing an X in the appropriate box by each listed parameter whether it is suspected to be **Absent**, **Known to be Absent**, **Suspected to be Present**, or **Known to be Present** in the wastestream(s). Provide chemical analyses if available (specify units). Attach additional sheets if necessary (one set for each wastestream).

Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration	SIC Code
1 Bromide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chlorine, Total						
2 Residual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3 Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4 Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5 Fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6 Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7 Oil and Grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8 Phosphorus, Total(as P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9 Radioactivity:						
a. Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b. Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c. Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d. Radium 226,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10 Sulfate (as SO4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11 Sulfite (as SO3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12 Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13 Aluminum, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14 Barium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
15 Boron, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16 Cobalt, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
17 Iron, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18 Magnesium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
19 Molybdenum, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
20 Manganese, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
21 Tin, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
22 Titanium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
23 Algaecides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
24 Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration	SIC Code
25	Biochemical Oxygen Demand (BOD5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
26	Calcium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
27	Chemical Oxygen Demand (COD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
28	Chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
29	Dyes (organic)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
30	Dyes (inorganic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
31	Organic Nitrogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
32	pH (standard units)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
33	Potassium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
34	Sodium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
35	Total Suspended Solids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
36	Turbidity (Jackson Units)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
37	Others**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Specify substance or compound, in space provided below. Where possible, trade names should be accompanied by a listing of chemical constituents and a Material Safety Data Sheet.

\*\* Other waste Substances: \_\_\_\_\_

**B. Priority Pollutant Information:**

**1. Metals and Inorganic (Total):**

1	Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2	Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4	Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5	Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6	Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7	Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8	Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9	Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10	Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11	Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12	Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13	Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14	Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
15	Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



**2. Phenols and Cresols:**

Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration	SIC Code
16 Phenol(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
17 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18 Phenol, 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
19 Phenol, 2, 4, 6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
20 Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
21 Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
22 Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
23 Phenol, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
24 Phenol, 2, 4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
25 m-Cresol, p-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
26 o-Cresol, 4, 6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**3. Monocyclic Aromatics (Excluding Phenols, Cresols and Phthalates):**

27 Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
28 Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
29 Benzene, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
30 Benzene, 1,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
31 Benzene, 1,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Benzene, 1,2,4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
32 Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
33 Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
34 Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
35 Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
36 Toluene, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
37 Toluene, 2,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**4. PCBs & Related Compounds:**

39 PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
40 PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
41 PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
42 PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
43 PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
44 PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
45 PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
46 2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____





### 5. Ethers

	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration	SIC CODE
47	Ether, bis- (chloromethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
48	Ether, bis- (2-chloroethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
49	Ether, bis-(2-chlorosopropyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
50	Ether, bis-(2-chloroethyl vinyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
51	Ether, 4-bromophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
52	Ether, 4-chlorophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
53	Bis (2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

### 6. Nitrosamines and Other Nitrogen-Containing Compounds:

54	Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
55	Nitrosamine, diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
56	Nitrosamine, di-n-propyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
57	Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
58	Benzidine, 3, 3--dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
59	Hydrazine, 1, 2-diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
60	Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

### 7. Halogenated Aliphatics

61	Bethane, bramo-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
62	Methane, chloro-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
63	Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
64	Methane, chlorodibromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
65	Methane, dichlorobromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
66	Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
67	Methane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
68	Methane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
69	Methane, trichlorofluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
70	Methane, dichlorofuoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
71	Ethane, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
72	Ethane, 1-2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
73	Ethane, 1,1,1-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
74	Ethane, 1,1,2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
75	Ethane, 1,1,2,1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
76	Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
77	Ethene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration	SIC CODE
78	Ethene, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
79	Ethene, trans-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
80	Ethene, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
81	Ethene, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
82	Propane 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
83	Propene, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
84	Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
85	Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

### 8. Phthalate Esters

86	Phthalate, di-c-methyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
87	Phthalate, di-n-ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
88	Phthalate, di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
89	Phthalate di-n-octyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
90	Phthalate, bis (2-ylehexyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
91	Phthalate, butyl benzyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

### 9. Polycyclic Aromatic Hydrocarbons

92	Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
93	Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
94	Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
95	Benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
96	fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
97	fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
98	Benzo (ghi) perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
99	Benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
100	Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
101	Dibenzo (a,n,) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
102	Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
103	Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
104	Indeno (1,2,3-cd)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
105	Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
106	Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
107	Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration	SIC CODE
108	Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
109	Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
110	BHC (Alpha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
111	BHC (Beta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	BHC ( gamma) or						
112	Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
113	BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
114	Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
115	DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
116	DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
117	DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
118	Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
119	Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
120	Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
121	Endosufan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
122	Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
123	Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
124	Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
125	Heptachlor eposide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
126	Isopharone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
127	TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
128	Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**C. Hazardous Substances Information:**

1	Acetaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2	Allyl alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3	Allyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4	Amyl acetate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5	Aniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6	Benzonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7	Benzyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8	Butyl acetate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9	Butylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10	Captan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11	Carbaryl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12	Carbofuran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13	Carbon disulfide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14	Chlorpyrifos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
15	Coumaphos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



# WESTERN VIRGINIA WATER AUTHORITY

Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration	SIC Code
16 Cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
17 Crotonaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18 Cyclohexane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
19 2, 4-d (2,4-dichlor- ophenoxy acetic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
20 Diazinon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
21 Dicamba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
22 Dichlobenil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
23 Dichlone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
24 2, 2- Dichloropropionic Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
25 Dichlorvos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
26 Diethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
27 Dimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
28 . Dinitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
29 Diquat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
30 Disulfoton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
31 Diuron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
32 Epichlorophydrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
33 Ethanolamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
34 Ethion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
35 Ethylenediamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
36 Ethlyenedibramide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
37 Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
38 Furfual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
39 Guthion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
40 Isoprene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
41 Isopropanolamine dodecylbenzene- sulfanate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
42 Kelthane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
43 Kepone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
44 Malathion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
45 Mercaptodimethur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
46 Methoxychlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
47 Methylmercaptan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
48 Methylmethacrylate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
49 Methylparathion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
50 Mevinphos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
51 Mexacarbate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
52 Monoethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
53 Monomethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration	SIC Code
54	Naled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
55	Napthenic Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
56	Nitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
57	Parathion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
58	Phenolsulfanate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
59	Phosgene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
60	Propargite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
61	Propylene oxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
62	Pyrethrins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
63	Quinoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
64	Resorcinol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
65	Strontium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
66	Strychnine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
67	Stryene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	2,4,5-T (2,4,5-Trichloro-						
68	phenoxy acetic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
69	TDE (Tetrachloro-diphenylethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	2,4,5-TP [2-(2,4,5-Trichlorophenoxy)						
70	(propanoic acid)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
71	Trichlorofan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
72	Triethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
73	Trimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
74	Uranium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
75	Vanadium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
76	Xylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
77	Xylenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
78	Zirconium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
79	Other*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Material listed in 40 CFR Part 116 (Designation of Hazardous Substances) known to be present.

## V. OTHER WASTES:

A. Are any liquid wastes or sludge's from your Business Establishment disposed of by means other than by discharge to the sanitary sewer?

☐ Yes      ☐ No

If "yes", then complete the next two sections; if "no", then STOP here.



B. These wastes may best be described as:

	<b>Approximate Gals. or Pounds per Day</b>
<input type="checkbox"/> Acids & Alkali's (Bases)	_____
<input type="checkbox"/> Heavy Metal Sludge's	_____
<input type="checkbox"/> Inks / Dyes	_____
<input type="checkbox"/> Oil and/or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment Sludge's	_____
<input type="checkbox"/> Solvents / Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes:	_____
(Specify).....	_____
.....	_____
.....	_____
<input type="checkbox"/> Other Wastes:	
(Specify).....	_____
.....	_____
.....	_____

C. For the above checked wastes, does your Business Establishment practice:

- ☐ On-site storage
- ☐ Off-site storage
- ☐ On-site disposal
- ☐ Off-site disposal?

Briefly describe the method(s) of storage or disposal checked above:

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